

#3



## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

**As a below named inventor, I hereby declare that:**

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor which is claimed and for which a utility patent is sought on the invention entitled:

## TREATMENT FOR BONE DISORDERS

the specification of which:

☒ was filed on February 18, 2000, as United States non-provisional application U.S.S.N. 09/507,239, bearing Attorney Docket No. 21486-028.

☐ is attached hereto.

~~I~~ hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

~~I~~ acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

☐ I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application designating at least one country other than the United States listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

[illegible]

- ☐ I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

<b>Application No.</b> <i>(U.S.S.N.)</i>	<b>Filing Date</b> <i>(dd/mm/yy)</i>	<b>Status</b> <i>(Patented, Pending, Abandoned)</i>

PCT International Applications designating the United States:

<b>PCT International Application No.</b>	<b>PCT Filing Date</b>	<b>Status</b>

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

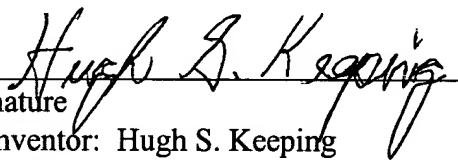
<b>Attorney or Agent</b>	<b>Registration No.</b>	<b>Attorney or Agent</b>	<b>Registration No.</b>
Kevin Ainsworth	39,586	Kristin E. Konzak	44,848
Ingrid Beattie	42,306	Cynthia Kozakiewicz	42,764
David B. Bernstein	32,112	Barry Marenberg	40,715
Naomi Biswas	38,384	William Marino	44,219
David F. Crosby	36,400	Leslie Meyer-Leon	37,381
James G. Cullem	43,569	A. Jason Mirabito	28,161
Brett N. Dorny	35,860	Michel Morency	Limited Recognition
Marianne Downing	42,870	Bradley Olson	40,750
Ivor R. Elrifi	39,529	Carol H. Peters	45,010
Heidi A. Erlacher	45,409	John T. Prince	43,091
Christina Gadiano	37,628	Michael Renaud	44,299
John A. Harre	37,345	Brian Rosenbloom	41,276
Shane Hunter	41,858	Thomas M. Sullivan	39,392
David E. Johnson	41,874	Howard Susser	33,556
Kris Kalidindi	41,461	Shelby J. Walker	45,192
Christina Karnakis	45,899	Martin M. Zoltick	35,745
Robert Klauzinski	42,742		

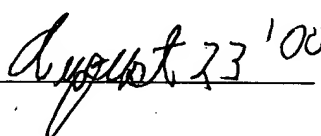
all of MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO PC, One Financial Center, Boston, Massachusetts 02111, as Applicant's attorneys with full power of substitution and revocation to take any and all action necessary with regard to the above-identified patent.

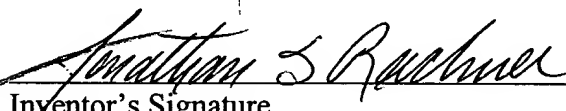
Address all telephone calls to Ingrid A. Beattie, Ph.D. at telephone number 617/348-1838.  
Address all correspondence to:

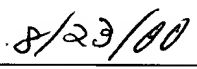
Ingrid A. Beattie, Ph.D., J.D.  
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.  
One Financial Center  
Boston, Massachusetts 02111

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

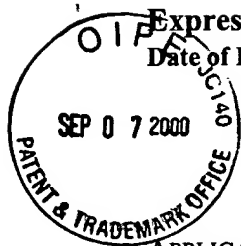
  
\_\_\_\_\_  
Inventor's Signature  
Full Name of Inventor: Hugh S. Keeping  
Citizenship: Canada  
Residence: 10 King Philip Avenue, Bristol, RI 02809  
Post Office Address: Same as above

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Inventor's Signature  
Full Name of Inventor: Jonathan S. Reichner  
Citizenship: USA  
Residence: 4 Patricia Drive, North Providence, RI 02904  
Post Office Address: Same as above

  
\_\_\_\_\_  
Date

TRADOCS:1356995.1(T32B011.DOC)



Express Mail Label No.: EK611853329US

Date of Deposit: September 7, 2000

Attorney Docket No.: 21486-028  
(formerly 04930-028001)

#3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Hugh S. Keeping and Jonathan S. Reichner  
ASSIGNEE: Rhode Island Hospital, A LifeSpan Partner  
SERIAL NUMBER: 09/509,239 EXAMINER: Not Yet Assigned  
FILING DATE: February 18, 2000 ART UNIT:  
FOR: TREATMENT FOR BONE DISORDERS

**STATEMENT CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(f) and 1.27(d) – NONPROFIT ORGANIZATION)**

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Nonprofit Organization: Rhode Island Hospital, A LifeSpan Partner

Address of Nonprofit Organization: 593 Eddy Street, Providence, RI 02903

**TYPE OF NONPROFIT ORGANIZATION:**

- ☐ University or other Institution of High Education
- ☒ Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))
- ☐ Nonprofit scientific or educational under statute of States of the United States of America  
(Name of State \_\_\_\_\_)  
(Citation of Statute \_\_\_\_\_)
- ☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if located in the United States of America
- ☐ Would qualify as nonprofit scientific or educational under statute of State of the United States of America  
(Name of State \_\_\_\_\_)  
(Citation of Statute \_\_\_\_\_)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization, as defined in 37 C.F.R. § 1.9(e), for purposes of paying reduced fees to the United States Patent and Trademark Office under Sections 41(a) and (b) of Title 35, United States Code, with regard to the invention described in

- ☐ the specification filed herewith with title as listed above
- ☒ the application identified above
- ☐ the patent identified above

I hereby state that rights under contract or law have been conveyed to, and remain with, the nonprofit organization, with regard to the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to

the invention is listed below and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c), if that person made the invention, or by any concern that would not qualify as a small business concern under 37 C.F.R. § 1.9(d), or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

☒  
☐

no such person, concern, or organization exists

each such person, concern, or organization is listed below: ♦

♦ *Note: Separate Statements Claiming Small Entity Status are required from each named person, concern, or organization having rights to the invention. 37 C.F.R. § 1.27.*

Full Name:

Address:

☐ Individual ☐ Small Business Concern ☐ Non-profit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b)).

Name of person signing: Peggy McGill

Title in organization of person signing: Director, Research Administration

Address of person signing: Rhode Island Hospital, A LifeSpan Partner  
593 Eddy Street  
Providence, RI 02903

Signature: Peggy McGill

Date: 8/24/02